



Remittance and Status Reports in PDF Format Request Form Instructions

Please complete the "Remittance and Status Reports in PDF Format Request" form. Attach one Remittance Advice cover page (no Protected Health Information; PHI) for each Provider number you wish to enroll and return them either by email, fax, or postal mail. **Failure to complete the form entirely, correctly and to include RA cover page(s) may result in a delay in processing.**

IMPORTANT!!!!

THE COVER PAGE (This page does not include any PHI) OF EACH REMITTANCE ADVICE MUST BE ATTACHED SHOWING THE PROVIDER NUMBER, PROVIDER NAME AND ADDRESS FOR EACH PROVIDER NUMBER ASSOCIATED WITH THIS REQUEST.

THIS FORM IS TO BE COMPLETED BY PROVIDERS ONLY!! IF THE PROVIDER WISHES THE PDF RA TO BE AVAILABLE TO THEIR BILLING AGENT OR VENDOR, THE PROVIDER MUST COMPLETE THE FORM GIVING AUTHORIZATION FOR THAT BILLING AGENT OR VENDOR TO RECEIVE THE PDF RA.

IF YOU ARE UNABLE TO SEND THE COVER PAGE FROM THE PAPER RA(S), PLEASE CONTACT ELECTRONIC COMMERCE SERVICES AT 1-800-688-6696 Option 1.

Please choose **ONE** of the three following methods for sending request form and attachments:

Email:

Please scan the request form and RA pages then email to:

ECSPDF@hp.com

Fax:

Fax your request form and RA pages to:

919-859-9703 or 919-816-4420 or 919-233-6834

Attn: ECS Unit – PDF RA Request

Mail:

Mail your request form and RA pages to (Please place all information on outside of envelope):

HP Enterprise Services
ECS Unit
2610 Wycliff Rd., Suite 401
Raleigh, NC 27607

QUESTIONS? – Call 1-800-688-6696 Option 1 (ECS Unit - NC Medicaid)



Remittance and Status Reports in PDF Format Request Form

This form is used by PROVIDERS for the purpose of establishing or discontinuing the PDF format of the Remittance and Status Advice (RA). It is a requirement that the form be completed and signed off by an official representative of the provider.

(please type or print clearly)

Date: _____ Number of pages including this form: _____

Choose from the following: (Only Choose *One* Option)

- I currently have a Login ID and wish to have direct access to the PDF RA with that ID. That Login ID number is: _____
- I wish to authorize my Vendor/Billing Agency have access to my PDF RA on my behalf. Vendor/Billing Agency's Name: _____
The Vendor/Billing Agency's Login ID is: _____
- I wish to have direct access to the PDF RA and need to have a new Login ID assigned to me: _____
- I wish to discontinue all access to my PDF RA. That login ID number is: _____

IMPORTANT!! – Be sure to attach your RA cover page(s)

Please Complete: _____

Provider Name: _____

Contact Name: _____

Address: _____

Telephone Number: (____) ____-_____

Fax Number: (____) ____-_____

Email Address: _____

I hereby certify that the provider numbers indicated by the RA pages included with this form are under my direct control and access; therefore, I authorize HP Enterprise Services, as fiscal agent for the State of North Carolina, to initiate, change or cancel my enrollment to receive PDF version of the Remittance and Status Reports. *This authority is to remain in full force and effect until HP Enterprise Services has received written notification, from either myself or a verifiable Officer of the Agency, of the account's termination in such time and in such a manner as to afford HP Enterprise Services a reasonable opportunity to act upon it.*

Printed Name: _____

Authorized Signature: _____